



SYSTEM DESCRIPTION

Department of Health Reporting Processes

Version control

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1. Drafting of the Reporting Process of the Northern Cape Department of Health.
 - 1.1. The process that is followed by the department in collecting and verifying data starts when patients' visits a health centre.
 - 1.2. The patient interaction at the health facility is the foundation for effective and efficient routine health information management.
 - 1.3. Routine monthly DHIS data management at facility level includes data collection, collation, validation, capturing, export, import, dissemination, analysis, interpretation, reporting, feedback and use.
 - 1.4. A patient file is opened from a facility on the nature illness of a patient.
 - 1.5. Data is collected daily using the tally sheet or the daily register then collated and verified at facility level by the facility manager.
 - 1.6. At the facility level, data is pre-dominantly collected and stored in patient folders, registers and tick sheets.
 - 1.7. The facility uses the monthly input form to collate their facility's data.
 - 1.8. The data gets captured on the DHIS system by the District Information Officer, verified and validated using the build in validation rules on the system.
 - 1.9. If the District Information Officer picks up any discrepancies on the data, the facility manager or data capturer is notified and consulted to correct the discrepancies
 - 1.10. The District Manager verifies the data before submitting it to the provincial office.
 - 1.11. The Provincial Information Office on a monthly basis provides feedback to the Programme Managers and District Information Officer on the quality of data / information received.

- 1.12. District Information Officer in return provides feedback to the facility managers/ data capturers on a quarterly basis.
- 1.13. Every quarter the Provincial Health Information Unit conducts data quality audits into the districts to verify the quality of data and corrective action are taken.
- 1.14. Each Provincial Programme Manager quality assure and verify performance information with the aim to provide a status of the sub-programme to Policy and Planning and determine areas for corrective action measures to implement at district level.
- 1.15. Sub- Programmes present performance information to Policy and Planning accordance to a fixed schedule.
- 1.16. Business process is used to identity source of evidence for departmental indicators.
- 1.17. Policy and Planning creates portfolio of evidence per key performance indicator of programmes.
- 1.18. Programme Managers submit signed memo to Policy and Planning identifying evidence of indicators that are available at facilities for audit purpose.

2. Drafting of the Quarterly Performance Report

- 2.1. The department is obligated to produce accountability documents in relation to reporting and monitoring and evaluation. Quarterly Performance Plan, with particular reference to monitoring delivery against quarterly performance targets. This is done through the compilation of the quarterly performance reports, with the process unfolding as follows:
- 2.2. The Department through Policy and Planning Unit requests, with a submission, data quarterly performance reports; fifteen (15) days before the end of the quarter from programme managers.

- 2.3. After programme managers have submitted their signed reports, Policy and Planning then compiles a departmental Quarterly Performance Report.
- 2.4. The Quarterly Performance Report is then tabled at a Senior Management meeting for endorsement. Thereafter the Accounting Officer signs it off and the Executive Authority approves.
- 2.5. The Department has a duty to hold a quarterly review to assess the performance of the past quarter, this is preceded by Policy and Planning interaction with programmes regarding their performance. All stakeholders are invited which include Executive, Senior, Programme and Facility Managers. Where performance is not satisfactory corrective measures are instituted by the relevant programmes.
- 2.6. Programme Managers are requested to provide reasons for deviations of any targets that have not been achieved in the quarter under review.
- 2.7. Records and signed documents together with the date of submission are kept as evidence of submission of the quarterly report.
- 2.8. Policy and Planning Unit after the Quarterly Performance Report has been compiled, conducts analysis of performance and recommend corrective action to be taken to remedy the situation.
- 2.9. The Quarterly Performance Report together with a presentation is then submitted to Provincial Legislature for tabling to Health Portfolio Committee on a date provided by the Secretary of the Legislature.

3. Quarterly Reporting System (QRS)

- 3.1. The Quarterly Reporting System is a monitoring and reporting tool, which is used by National Department of Health (NDoH) and Provincial Treasury to track progress on the implementation of national priorities and goals.
- 3.2. Quarterly Reporting System (QRS) was introduced during the financial year 2003/04 to be used as a monitoring and reporting tool, also as an in-year

monitoring tool and the end of the financial year the Annual Report is then compiled to report and monitor their targets that are in the Annual Performance Plan.

- 3.3. The National Department of Health in consultation with National Treasury prepares a standard template for all provincial health departments to report and monitor their targets that are in the Annual Performance Plan.
- 3.4. A selected list of customised indicators is used from different programmes to monitor the performance of indicators.
- 3.5. The Department populates the spreadsheet using the APP targets of the current financial year.
- 3.6. Every quarter the department submits a preliminary report, which is made up of two (2) months raw data of the previous quarter to Provincial Treasury and National Department of Health.
- 3.7. The Head of Department signs off the report, as a true reflection of the performance of the department.
- 3.8. The NDoH further analyses the report and forwards an executive summary to provincial departments of health to verify and resubmit their reports.
- 3.9. When provincial departments submit the second preliminary report, they must validate the first quarterly performance, this happens until the fourth quarterly submission.
- 3.10. A reporting timeframe with submission dates of the Quarterly Reporting System (QRS) is provided by National Treasury, which is non-negotiable, as the system locks itself after the submission date.
- 3.11. After the Quarterly Reporting System (QRS) data has been verified by all relevant parties, the Accounting Officer for Health and Accounting Officer for Provincial Treasury signs off the data for publishing in the National Treasury website.

4. Annual Report

4.1. Every financial year, the Northern Cape Department of Health utilizes the guide for the preparation of the annual report. The purpose of the guide is to provide minimum requirements of information that must be included in the Department's Annual Report.

4.2. The Annual Report is expected to cover the department's performance relative to the targets set in the Annual Performance Plan and provides the audited annual financial statements.

4.3. Policy and Planning compiles formats of the Annual Report according to the Annual Report guide published by National Treasury.

4.4. A request is submitted to programme managers fifteen (15) days before the end of the financial year to submit programme performance with a submission date.

4.5. The Policy and Planning Directorate through consultation with relevant stakeholders, then compiles a Departmental Annual Report, which is submitted to the Auditor General South Africa (AGSA) by 31st May of each year.

4.6. Auditor General South Africa after auditing the department compiles a Management Report, which is due by the 31st July of each year that highlights areas of improvements.

4.7. The Department Annual Report must include the following:

- Performance Information, which will include Human Resource Oversight
- Audit Committee Report
- Accounting Officer's Report
- Annual Financial Statements

4.8. The Northern Cape Department of Health must be Annual Report to the Provincial Legislature by the 30th September of each year. It is further presented to the

designated committees of the Provincial Legislature on a date provided by the Secretary of the Legislature.

4.9. After the Departmental Annual Report has been tabled, the committees will debate the Annual Report, with the Accounting Officer and Executive Authority leading the discussions.

4.10. All Departmental stakeholders receive copies of the Annual Report, for information sharing.


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Mr Mxolisi Mlatha – Director for Policy and Planning